

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
12	1		1			
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50						
TOTAL IND.			2			
TOTAL DEP.		2	16			
TOTAL CLAIMS			18			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								